OH ATTENDING PHYSICIAN The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be

9543

filled in by the funeral director, page 3 Ad be filed within 72 hours after death

| STATE OF MARY | LAND |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

REGISTRAR 256 REGISTRAR'S SIGNATURE

1987 Alia Dividen Rudell

| , | | FOR STATE REGISTRAR | T. | | EALTH AND MENTAL HYGI | IENE 8 / REG. NO. | 146 | 0 5 |
|---|-----------------------|--|--|--|---------------------------------|--|--------------------------|-----------------------------------|
| | | CEASED NAME PIRST OR PRINT) | ARA H | foste a | | 20 DATE OF DEATH MON | 29/187 | |
| | , DIE | MAE RTHPLACE , (STATE OR FOREIGN | B AC | MONTH MONTH | 100/t22/1944 | 43 9 BALTIMORE CITY OR CO | YRS DAYS | HOURS MIN. |
|) | C | SOUNT A STATE OF THE STATE OF T | V.S.A | MARRIE | | XE. | nt | MD. |
| 7 | C | VESTELLOW - | 11. NAME OF HOSPITAL | QUEEN | ROTHER INSTITUTION -ANTES | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | | OF BUSINESS OR |
|) | 13a. S | AL RESIDENCE (IF NURSING HOME OF | NTY 13c CITY | OR TOWN | YES NO | K. EO: | CODE & | 1678 |
| 2 | 14 FA | THER'S NAME | JT CAY | Hoy | 15. MOTHER'S MAIDEN NAM | MIODIE | BON | 51 6 |
| | | | RMED FORCES? VE WAR OR DATES) 16b SOC | IAL SECURITY NO. | WESSE ES | | In, my | |
| | Section of the second | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. | nly one cause per line for IC ED BY: TE CAUSE (a) DUE TO, OR AS A CC (b) DUE TO, OR AS A CC (c) | diopuls ONSEQUENCE OF | nonery O | mest | APPROX BETWEEN | IMAIT INTERVAL ONSET AND DEATH |
| 7 | CERTIFICATION | PART 2 OTHER SIGNIFICANT ID DE MENTE OF OPERATION | dial Enfar | TING TO DEATH BUT FOR WHICH OPERATION | / Hypertensive | 200 AUTOPSY? 200 | 0 | NGS USED |
| 7 | MEDICAL CER | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MOI | NTH DAY YEAR | | ED (ENTER NATURE OF INJURY IN | TEM TS PART I OR PART 2) | |
| | MED | WHILE NOT WHILE AT WORK | 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR | | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | 2 | 22a I certify that (1) (this hosp saw the deceosed alive or above, (1) (we) (did) (did no 22b. SIGNATURE | 0-120 | th. 19 \$7. on | d that in (my) (our) opinion of | death occurred an the date o | and hour and from the | |
| 7 | | 22d PHYSICIAN'S NAME (WHE | Cern- | n | ATTENDING PHYSICIAN P | MEDICAL STAFF DIRECTOR PHYSICIAN | 0 5/2 | 1/87 |
| 1 | | XIN Ki | DE WU | | chest | | Md. 21 | 1620 |
| | | URIAL, CREMATION, REMOVAL | 236. DATE 57 | | EMETERY OR CREMATORY | 236 LOCATION | TO COUNTY CE | At STAIL |

DHMH - 16 60M 7/84 (VRA 15, 4)

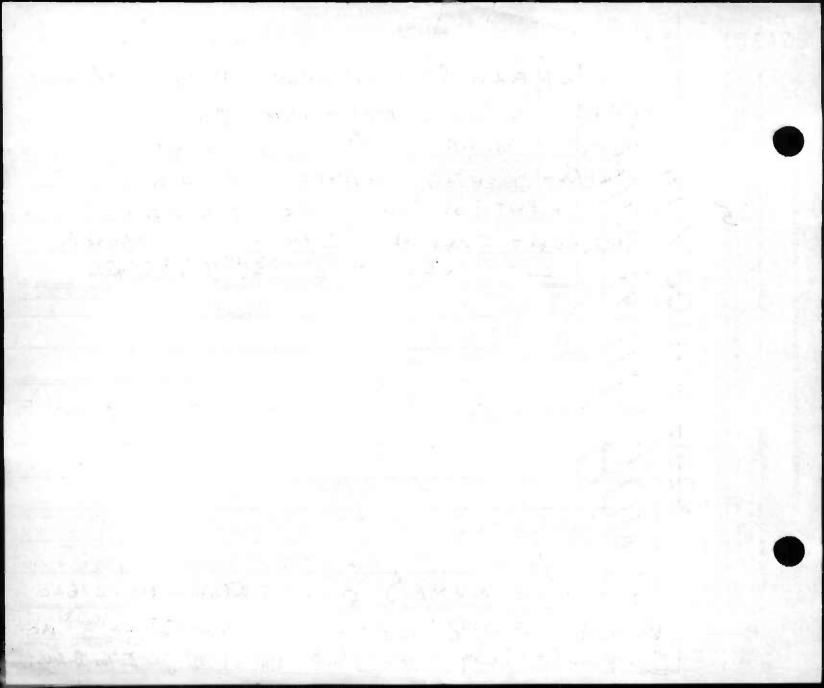
NERAL DIRECTOR

TO HOSPITAL OR ATTEN

BP.

10 FUNERAL DIRECTOR: After the conficer has been upped by the attending physician and completely whosis be detached for use as the burnel-tomic permit. Then beans remove corbon popers. Pages I was 2 to the Exate Dept. of Health and Mental Mygere prior to burial, cremation, or removal.

WPORTANT If hem 21 is marked or hem 18 shows pay injury, as other traumatic event, the medical



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH OREGISTRAR DECEASED NAME 20 DATE KNOWN X OF ESTI-DEATH MATED LIYPE OR PRINTS DOYLE . 5-11-8719 TRA 4 RACE DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 5-11-87,0 6:49P 11-14-50 36 DEAD Male White Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Kent County Maryl and WIDOWED [DIVORCED IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS).
Kent&Queen Anne's Hospital Chestertown School Teacher - Kent County USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21661 P.O.Box 224 Rock Hall YES [NO [Maryland Kent 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rev. Ira E. Doyle, Sr. Mildred Louise Ewing 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 215-58-5464 Yvonne C. Doyle same as above 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE Cardiomyopathy IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF EXAMINER AL Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINEMENT DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TO EUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-THE DEATH, WITH THE STATE DEPARTAKENT OF HEALTH AND MED BARITANORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, C lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural causes Homicide ____ Undetermined monner Accident TITLE (SPECIFY) 5-12-87 ACTUAL DATE Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION STATE Wesley Chapel Cemetery 07/84 Burial Rock Hall Kent 24 FUNERAL DIRECTOR **DHMH - 17** Tom Helfenbein Funeral Home, Rock Hall, MD 21661 (VR A15 ME (5))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 showth the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

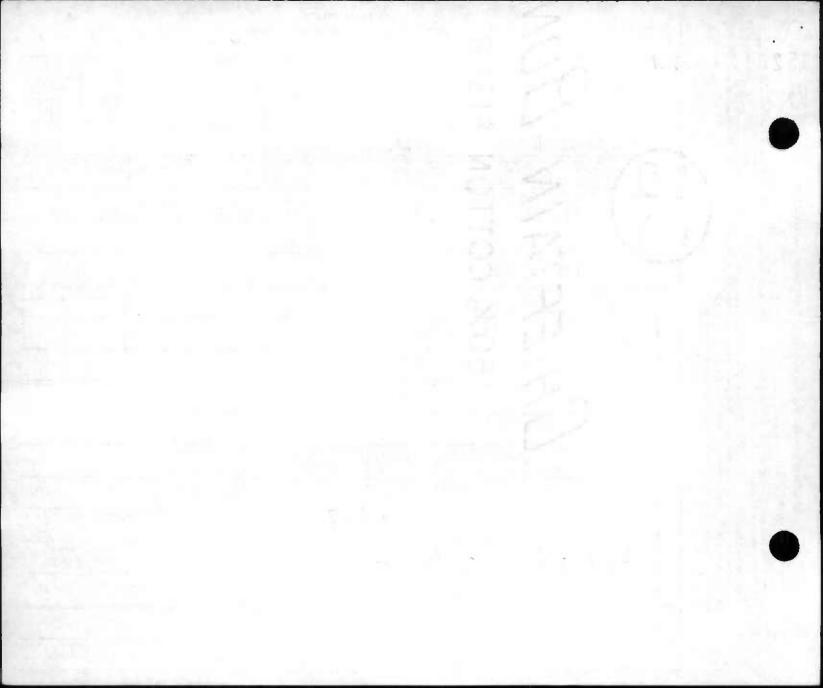
IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical

filled in by the funeral directar page 3

4 may be

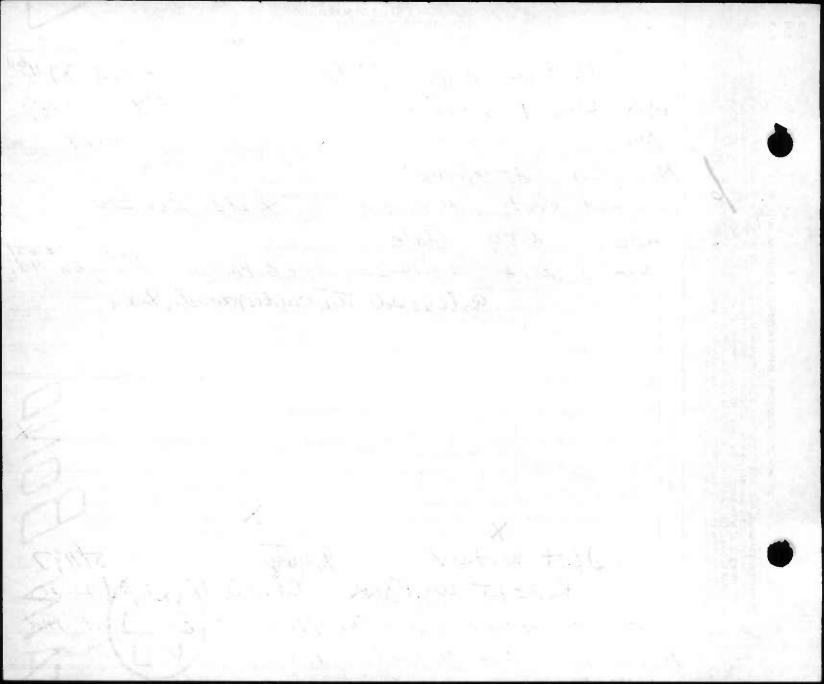
STATE OF MARYLAND

| | 1- | STATE REGISTRAR | | DEPART | | ICATE OF DEATH | REG. NO |). 4 | 0 | 0 / | |
|---|---------------|--|-----------------------|------------------------|---------------|---------------------------------|---------------------------|-------------------|-----------------------|----------------|------|
| - | | CEASED NAME FIRST | | MIDDLE | L | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | |
| I | 144.5 | MARION | N HACKET | T FORD | | | May 1, 198 | 7 | | 8 P. | M |
| 1 | 3 SE> | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | HDAY) IF U | INDER I YEAR | IF UNDER 24 HI | RS. |
| I | 30 | female | wh | ite | Octob | | 96 | YRS | DATS | HOURS MI | 174. |
| 9 | 70 BII | RTHPLACE STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY OF | | DEATH | | |
| ı | Ke | nt Co. Maryland | USA | | WIDOWE | | Kent Co. | | | | MD. |
| 1 | | TY OR TOWN OF DEATH | 11. NAME OF | | NG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | | | F BUSINESS | _ |
| 1 | Ch | estertown | At Home | RFD R | oute # | ¥ 20 | Housewife | | INDUSTRY | | |
| d | #5UA | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFOR | RE ADMISSION) | | | | | | _ |
| 1 | Ma | ryland Kent | | Chester | | YES NO XX | RTE 20 | ZIP CODE | 21620 | RFD | |
| | 14 FA | THER'S NAME Willis F | lackett | LAST | | 15 MOTHER'S MAIDEN NAM | WIDDIE | | LAST | | |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECT | URITY NO. | Nevitte | ADDRE | 55 | | 0.67 | |
| ١ | | no no | AT MAK OK DATES! | 216 88 | 3919 | negitte For | d Rock Hal | 1, Md. | 2166 | 1 | |
| | | 18 CAUSE OF DEATH (Enter or | nly one couse per | line for (a), (b), or | nd (c | | | | APPROXIA BETWEEN O | MATE INTERVAL | /H |
| 1 | | PART I. DEATH WAS CAUSE | D BY: TE CAUSE (0) | ASC | V D | | | | | | |
| ı | | IMMEDIA | | R AS A CONSEQU | IENICE OF | | | | | | |
| | | Conditions, if any, which | (b)_ | R AS A CONSEGO | IENCE OF | | | | | | |
| 1 | | gave rise to immediate couse (a), stating the | | R AS A CONSEQU | IENICE OF | | | | | | |
| ı | | underlying couse lost | 100000,0 | K AS A CONSEQU | JEINCE OF | | | | | | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | OITION GIVEN | IN PART 110 | | _ |
| ı | CERTIFICATION | FIRST PARTY | 4 | | | | | | | | |
| 1 | CAT | 190 DATE OF OPERATION | 19b COND | ITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, W | | | |
| ı | TE. | | | | | | YES NO | IN CERTIFYIN | | NO [| |
| | CER | 210. ACCIDENT WAS UNDERLYING | | FINJURY M. MONTH D | DAY VEAD | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | OR PART 2] | | _ |
| | AL | OR CONTRIBUTING CAUSE OF DE | AID . | M. MONTH D | 19 | | | | | | |
| ı | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | | | 211 LOCATION | CITY OR TOV | VN | COUNTY | STATE | |
| ı | Z | WHILE NOT WHILE AT WORK | (AT HOME ST | REET, FACTORY, OFFICE, | FARM ETC] | I SINCE! | CIN OK VO | | | | |
| | | 220.1 certify that (I) (this hasp | ital) attended th | e deceased from. | 4 | 17 . 19 | to May 1 | . 19. | 87 . 1 | hot (II (we) I | ost |
| ١ | | saw the deceased alive an abave, (1) (we) (did) (did no | April | 19.8 | 37, or | nd that in (my) (our) opinion o | | | | | |
| ı | | 22b. SIGNATURE | 1 | / / | | DEGREE | | | 22c DATE S | SIGNED | |
| 1 | | 9 (n) | - 10 | cul- | - W | ATTENDING PHYSICIAN X | MEDICAL STAF | IAN 🗆 | 5/2/ | 1987 | |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE O | OR PRINT) | 1 | | 22e ADDRESS | | | | | _ |
| ١ | | H. Calvi | n Kaufm | an L | | Rock Hall, | Marvland | | | | |
| | 23a B | URIAL, CREMATION, REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | | _ |
| | - 1 | SPECHY) Burial | May 4, | | | ond Cemetery | Still Por | nd. Mar | vland | STATE | |
| | _ | NERALIDIRECTOR A | 1 1 | () T | | is Wells PAT | REC'D BY REGISTRAR | NA REGISTRA | S SIGNATU | JRE | 17 |
| | | JAME DI VI | (1)01 | ADDRE CH | nester | town, Md. MAY | 6 1987 | in Dear | dern- Kan | -dath | 6 |



STATE OF MARYLAND 053322 117 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 13 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED OUR DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 13e STREET ADDRESS 21201 13d INSIDE CITY LIMITS? MD. IS MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 21651 166. SOCIAL SECURITY NO (YES, NO. ORUNKNOWN) (IF YES, GIVE WAR OR DATES) Hillington, CAUSE OF DEATH (Enter only one cause per line for (a) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 4* FLOCUSE THE CERTIFICATE, WRITING THE WORD. "PENDING," IN PENCIL IN TIEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNE AND TO FUNE AND BE USED AS A BURIAL - IRANSIT PERMIT AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BACKHWORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION AT WORK D NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Inspection A and in my opinian Autapsy deoth resulted from: Hamicide Undetermined manner Notural causes Accident BP. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17

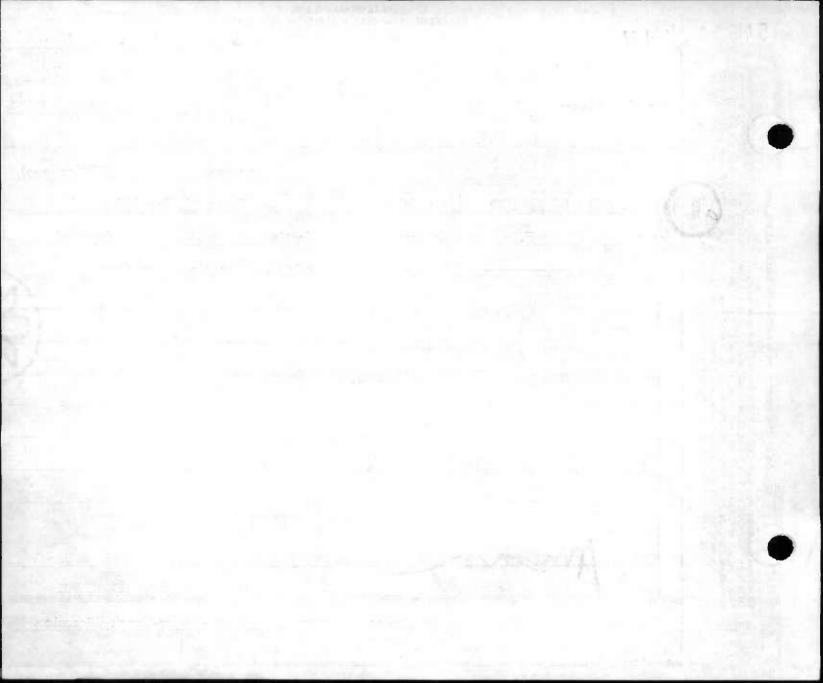
(VR A15 ME (5)) 20M 4/82



| | 1 | FOR | DEPARTA | | MARYLAND H AND MENTAL HY | GIENE | | |
|---|---------------|---|--|--------------------------|-----------------------------|---|---|-----------|
| | 11- | STATE REGISTRAR | | | CERTIFICATE OF | 45 | No. 1 6 0 | 9 |
| 2535 MAY - | N DE | EASED NAME FIRST | WIDDLE | | LAST | 20 DATE KNOWN OF ESTI- | | M HOUD |
| ASE LES. EET, | | Samı | uel James | Johnson | Jr. | DEATH MATED | □May 2,,,87 | 3:54 |
| PECTON PE | 3 SE) | | MONTH DAY YEAR | LAST BIRTHDAY) MONT | HS DAYS HOURS | 4 HRS. 2t. DATE PRONOUNCED DEAD | May 2, 1,87 | 24 HOUR |
| SARY VOLV | | ale Black RTHPLACE (STATE OR | Feb. 28, 1928 | DV2 | | 9 BALTIMORE CIT | TY OR COUNTY OF DEATH | 3:51 |
| WITH SERVICES | FC | Maryland | USA | | TIED NEVER MARRIES | - Trant | | MD. |
| DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BEAGLED, WITHIN 72 HOURS DE, ZOLW, PRESTON STREET, | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME, OR OTH | HER INSTITUTION | 12a USUAL OCCUPATION FOR MOST OF WORKING LIFE) | (TYPE OF WORK 12b. KIND OF BU OR INDUSTE | ISINESS |
| DELAY N PAGE | | hestertown | At Home | | | Labor | Vario | us |
| 21201 2101 210 | 13a. S | | TY 13c CITY of | OR TOWN | 134. INSIDE CITY LIMITS? | R. F. D. #4 | 2162 | 1 |
| | | ryland Kent | t tnes | tertown | YES NO TO | | 0,700 | |
| TO STANDARY | | amuel James_ | Johnson Sr | AST | Lena | MIDDLE | Bright | |
| 0 808 mg | 160. V | VAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOC | AL SECURITY NO. | 17. INFORMANT | ADDR | RESS200 Cannon | St. |
| BALTI B. GAVE B. GAVE V. PAGE DIVISIO | | Yes w | W I 213- | 22-7956 | Mrs. Caro | 1 Sisco Ch | estertown, M | d. |
| : 8m3-0 | | | y one cause per line far (a), (b), DBY: E CAUSE (a) Arterios | | Cardi ovaccul | ar Disassa | APPROXMATE BETWEEN ONSET | AND DEATH |
| WITHIN 24 HOUNCE IN TEM 18 RANSIT PERMIT REMIT ALONG TRANSIT PERMIT TALL HYGENEL. | | IMMEDIAT | DUE TO, OR AS A CON | | Cardiovascui | al Discase | | |
| D WITHIN PENCIL IN AMINER A AMINER A LENIAL HY | | Conditions, if any, which gove rise to immediate | (b) | | | A THE STA | | |
| | | couse (o) stating the <u>under</u> - lying couse lost. | DUE TO, OR AS A CONS | SEQUENCE OF | | | | |
| EXECUTED ING." IN PRICAL EXAMA BURIAL - H AND MEI | | PART 2 OTHER SIGNIFICANT CONDITIONS C | (C) | CD TO THE TENNESS DISTOR | | | | |
| RECORDS ID BE EXEC PENDING' MEDICAL D AS A BU CREMATH AN | Z | Acute and Chron | | | | | nø | |
| NI RECO | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR V | VHICH OPERATION V | VAS PERFORMED? | Jii Zuo pozooiii | 2D AUTOPSY? | |
| 00=== | I H | | | | | | YES 🗌 | K) ON |
| CERTIFICATE TING THE WAS TO THE BEFARTMENT OF THE WAS | I CEI | 210 EXTERNAL CAUSE WAS | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 21c. H | OW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITE | A 1B PART I OR PART 2) | |
| DIVISION SCENTIFIC RETING TH REDED TO E 3 SHOUN E DEPART OI PRIOR | MEDICAL | CONTRIBUTING CAUSE OF D | 218 PLACE OF INJURY | | CATION | | | |
| DIVISIO THIS CERTIF , WRITING MARDED TO MARDED TO PAGE 3 SH TATE DEPA | M | WHILE NOT WHILE T | STREET, FACTORY, FARM, ETG | C) | STREET | CITY OR TOWN | COUNTY | STATE |
| INER: THIS CERTIFICATE SHA ICATE, WRITING THE WOR FORWARDED TO THE CH FORWARDED TO THE CH THE STATE DEPARTMENT THE STATE DEPARTMENT AND, 21201 PRIOR TO BELL | | 22a I certify that I took charge | e of the remains described abov | e, held an Autor | osy , Inspection | X. Inquiry . | and in my apinian | |
| EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: , WITH THE | | death resulted fram: Nature | ol causes . Accident | , Suicide | , Homicide . | Undetermined manner | X), | |
| CER CER VIIIO VIIIO WARR | | ACTUAL DEL | Mense | | Deputy | | DATE 5-4-8 | 37 |
| MEDICAL CUTE THE SE 4 SHOW FUNERAL TREATH | | SIGNATURE | 1 1900 | ~ | A.D | MEDICAL EXAMINER | SIGNED. | |
| TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | | (TYPE OR PRINT) Robe: | rt W. Farr M | 1.D. | ADDRESS Chest | ertown, Ma | aryland 2162 | 0 |
| DXX DAY | (1 | URIAL, CREMATION, REMOVAL 23 | | AME OF CEMETERY C | OR CREMATORY | 23d LOCATION CITY OR TOWN | | ATE |
| BP | | Burial I | ~ | Pountain | 25a. DATE RE | R. F. D. Wort | REGISTRAR'S SIGNATURE | |
| DHMH - 17 (VR A15 ME (5)) | 3 | Jonnahu | ADDRESS Chest | tertown, | Md. MAY | 5 1987 Jua | Descour. Kong | |
| 20M 4/82 | | | | | 40414 | | | |

The Mother's Asies Payers e de la composition della comp The same depresed at the lane . 78 nonnac CD: .bl. dwofnataedd bosi Longo.ad Lit-13-772 W - 147 ask intel car 1,1987 district a orton, aut., Mo. The on a displacements of the contract of the

| | | | FOR | | | | DEPART/ | STA MENT OF | | ARYLAI I AND M | | IYGIEN | E | | | | | |
|--------------|--|---------------|--------------------------------|------------------------------------|------------|-----------------------------|---------------|-----------------------------|---------------|-------------------|----------------|------------|----------------|----------------|-------------|---------|--------------------------|-----------|
| 15 | 4898 J | JAT 3 | REGISTRAR | | | MEI | DICALI | EXAMIN | | | | | 107775 | REG. | 10. | 5 | | 0 |
| | | | EASED NAME | | | | MIDDLE | | | LAST | al To | 110 | 2a. DATE OF | KNOWN > | MONT | H DAY | YEAR | 26 HOUR |
| | 25 S 25 E | | | DEEDR | Α | Y | VETT | E | | OHNSO | N | | | MATED | 5 | 23 | 1987 | _ M |
| | 골든프로 프로프로 | 3. SEX | 18 41 | 4 RACE | 5 DAT | E OF BIRTH | YEAR | 6 AGE (IN YE LAST BIRTHD | | DER 1 YR. | IF UNDER | 24 HRS. | 2c. DATE | | MONTH | DAY | YEAR | 24 HOUR |
| | ARY NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT | - | emale | Negro | 9 | 18 | 67 | | RS. | | | | DEAL | | 5 | 23 | 1987 | 9;30 M |
| | A CHEST OF SERVICES | FOR | HIGH COUNTRY | | /8 CII | IZEN OF WH | | TRY? | | | EVER MARR | | 9 BALTIA | AORE CITY | OR COU | NTY OF | DEATH | |
| • | NO. | | ARYLA | | II NA | U.S.A | | RSING HOMI | WIDOW | | DIVORC | | | ent Co | | | ND OF BU | MD |
| | SAGE AND THE SAGE | 1 | Milling | ton / | Rt. | 291 | & 301 | REET ADDRESS) | | IEK IINSTITE | 011014 | | MOST OF WO | | PE OF WORK | 0 | RINDUSTR | RY |
| 10 | 700 | USUA | A RESIDENCE | ISING HOME | | NSTITUTION, GI | | OR TOWN | ION) | 113d INSIDE | CITY LIMITS? | 13e STR | EET ADDR | FSS | | | | <u>.</u> |
| 22 | A | \mathbf{M} | RYLAN | | OMI | CO | | NTIC |) | YES 🗌 | | | | 1, Box | 199 | /218 | 56 | |
| MD | THE PARTY | 11 | HER'S NAME | | MIDDLE | | | LAST | | 15 MOTH | ER'S MAID | EN NAME | , | MIDDLE | | | LAST | |
| # | 120 | | car | | F. | | | nson | | | attie | | | | | Hayv | vard | |
| IIW | AND SHOW | 160 CV | AS DECEASED 5, NO, OR UNKNO | DEVER IN U.S. AR | | | 11111111111 | IAL SECURIT | | 17. INFOR | | | | ADDRES | | | | |
| BAL | PAGEN | n | | | | | | 90-161 | 1 | Mat | tie H. | Johr | ison/s | ame c | is abo | | | |
| 1. | S WIT W | | PART DE | F DEATH (Enter or ATH WAS CAUSE | nly one co | | | | | | | | | | | BET | PPROXIMATE WEEN ONSET | AND DEATH |
| NO | PER | 7 | 812 | IMMEDIA | | 10/ | _ | le inj | | 5 | | | | | | | | |
| 88 | EWC BRANCHEN | | | ns, if ony, which | | JOE 10, OK | A3 A COIN | 250051405 | Or | | | | | | | | | |
| W. | NIA | | | e to immediate | | (b) DUE TO, OR | AS A CON | SEQUENCE | OF. | | | | | | | | | |
| 201 | D WAL | | lying cou | se last | - | (c) | | | | | | | | | | | | |
| SQ | ANA BUS | | PART 2 OTHER SH | GNIFICANT CONDITIONS | CONTRIBUT | ING TO DEATH | BUT NOT RELA | TEO TO THE TERM | AINAL OISEASI | E OR CONDITIO | ON GIVEN IN PA | IRT Tiral. | - | | | | | |
| 00 | A SEA | NO. | | | | | | | | | | | | | | | | |
| 2 | USED OF HE | CERTIFICATION | 19e DATE OF | OPERATION | | 196. CONDIT | TION FOR V | WHICH OPER | RATION W | AS PERFO | RMED? | | | | | 20 | AUTOPSY? | 770 |
| TY. | 385255 L | FEE | | | | | | | | | | | | | | | YES 🗶 | NO 🗆 |
| 6 | A HE WELL | | 21s. EXTERNA | L CAUSE WAS | | HOUR A.M | | DAY YEAR | 21c. HC | OW INJURY | Y OCCURRE | D LENTER ! | NATURE OF IN | JURY IN ITEM 1 | PART 1 OR I | PART 2) | | 4.87 |
| NO | FP DAYS | MEDICAL | CONTRIBUTION | NG CAUSE OF | | | | 3- 19 8 | | | ger of | aut | o/aut | to col | lisi | on. | | |
| IVIS | SE S | WED. | 21d INJURY C | | x | 21e PLACE C STREET, FACT | ORY, EARM, ET | | | CATION | | | CITY OR TO | | | OUNTY | | STATE |
| | WAR PAGE | | AT WORK | AT WORK | | road | d | | | | & 301 | L | Mill: | ingtor | 1, | Kent | | MD |
| | SE S | 1 | 22a. I certif | y that I took char | ge of the | remoins desi | | CT- | Autop | sy K, | Inspectio | n L. | Inquiry | | nd in my | pinion | | |
| | MAN TO THE STATE OF | 1 | death resulte | ed from: Notu | irol couse | s L. | Accident | X, Su | ricide 🔲 | , Homi | icide | Undete | ermined m | onner | | | | |
| • | Maria 600 | 150 | ACTUAL | MAN | (| 2 | ~ | | | | SPECIFY) | hiof | | | DATI | | 5-23- | 07 |
| 0.000 | DEATH OFF A SHOULD DEATH | | SIGNATURE_ | 11/1/2 | 1 | X | - | | M | .D. Dep | outy C | TIT WED | ICAL EXA | MINER | SIGN | VED | 5-23- | 0 / |
| | MUNEUS N | | EXAMINER'S | Ann Ann | M. I | Dixon, | M.D. | | | ADDRESS_ | 111 P | enn S | St., | Balto | ., MI |) 2: | 1201 | |
| | 584548 | (\$1 | PECIFY) | ION, REMOVAL | | | | IAME OF CE | | | | CITY | CATION | | co | UNTY | 51/ | ATE . |
| 07/84 25M | BP | | IURIAL INERAL DIREC | TOR | 5/30 | | | . Jame | | | | | | f-the- | | | | o, M[|
| | DHMH - 17 | | NAME | | A1 - | ADDRESS | Rt.#2 | , Jerse | y Rd | • | DATE | AY O | Q 400 | AR 25b REC | | | URE . Park | in. |
| | (VR A15 ME (5)) | |)LLEY | MEMORI | AL (| LHAPE | L 50 | 1115., M | ID ZI | 001 | 741 | 116 | 0 130 | 1 65 | - Pr | 7007 | . Yours | |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

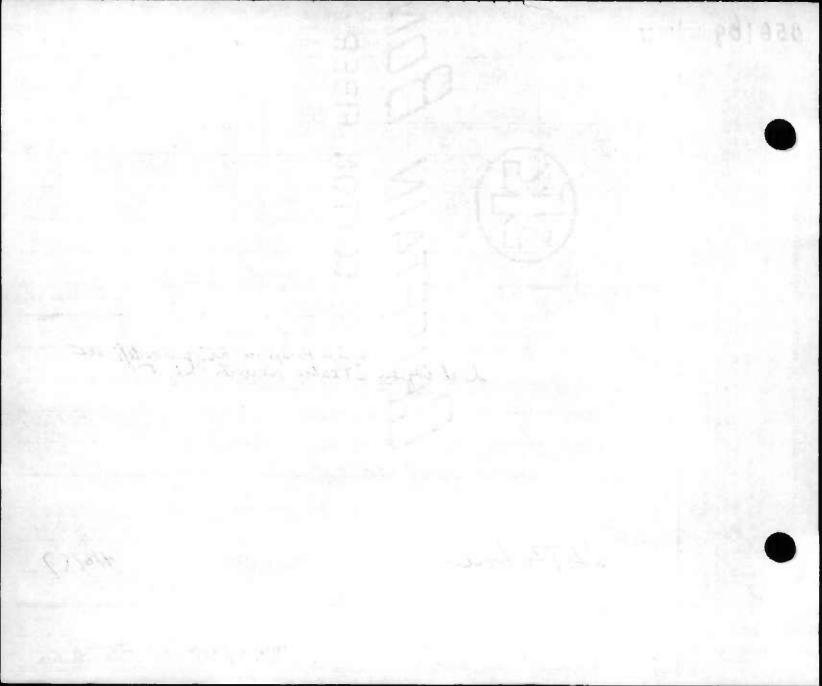
| REG. NO. | 1 | 4 | 5 | 1 |
|-----------|---|---|---|---|
| REO. IVO. | | | | 1 |

| KEO101KAK | | REG. NO. | | _ | |
|--|---|--|------------------------|-------------|----------|
| I. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) | LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOU | |
| IDA WOOD JOINER | | April 7, 1987 | | B:15 | P M |
| | DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER | |
| Female White | June 10, DAY 1890 EAR | 96 | MONTHS DATS | HOURS | MIN. |
| BIRTHPLACE (STATE OR FORFIGN 75 CITIZEN OF WHAT COUNTRY? 8 | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | |
| COUNTRY) TICA | MARRIED NEVER MARRIED | Kent Co. | | | |
| Kent Co. Maryland USA W. S. | VIDOWED DIVORCED | 120 USUAL OCCUPATION | I w who o | E DUE IN | MD |
| Chestertown Magnolia Halland | Nursing Center | (1YPE OF WORK FOR MOSL OF WORKING I Homemaker | 126 KIND O INDUSTRY | r BUSINE | :55 OK |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADI- 130 STATE 13b COUNTY 13c. CITY OR TOWN Maryland Kent Still Pond | MISSION) 13# INSIDE CITY LIMITS? YES *** NO | 13e.STREET ADDRESS / ZIP COL P O Box 21 |)E 1667 | | |
| 14 FATHER'S NAME | 15. MOTHER'S MAIDEN NA | ME | | - | |
| FIRST William Apple Wood | Sarah M | liller MIDDLE | LAS | Ť | |
| 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURIT | | ADDRESS | | | - 11 |
| (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215 26 495 | 7 W. Alan Join | er Still Pond | 1, Md. 2 | 1667 | |
| 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic | | | BETWEEN | MATE INTER | DEATH |
| PART I. DEATH WAS CAUSED BY: Renal | Failure | | | | |
| WWW.EDIATE CAOSE (O) | | | | | |
| DUE TO, OR AS A CONSEQUENCE | declerotic Cardio | vascular Disease | e | | |
| Conditions, if ony, which (b) | | | | _ | |
| gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE | E OF Jus is to reple | one arither con | My care | - | |
| underlying cause last (c) last was | tu Steate / | eath best | 11. | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA | ATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION G | IVEN IN PART 1 | 2 | |
| 190 DATE OF OPERATION 196. CONDITION FOR WHICH OP 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY | | | | | |
| 190 DATE OF OPERATION 196. CONDITION FOR WHICH OP | PERATION WAS PERFORMED | | ES, WERE FINDIN | | |
| ≝ | | | TIFYING CAUSES | OF DEAT | |
| 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY | 121¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | | | |
| OR COLUMN THE COLUMN ACTION OF DEATH HOUR A.M. MUNITI DAY | YEAR | TENTER MAIORE OF MOORE IN THE MENT | | | |
| (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. | 19 | | | | |
| OR CONTRIBUTING A CASE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM | 21f. LOCATION STREET | CITY OR TOWN | COUNTY | 5 | STATE |
| WHILE NOI WHILE AT WORK | | | | | |
| 22a.1 certify that (1) (this haspital) ottended the deceased from | 9/25/ 19_82 | | 19.87 | that (li (v | we) last |
| sow the deceased olive an 4/7 above, (I) (we) (did) (did not some the page offer death. | , and that in (my) (aur) apinion | deoth accurred on the dote and ha | our and from the | couses sto | ated |
| 22b SIGNATURY | DEGREE | | 22c. DAJE | SIGNED | |
| What V fair | ATTENDING PHYSICIAN | MEDICAL STAFF | 4/8 | 18 |) |
| 224 PHYSICIAN'S NAME (TYPE OR PRINT) | 22e. ADDRESS | 2 | | 1 | |
| Robert W. Farr | Chestertov | vn, Md. 21620 | | | |
| 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAM | ME OF CEMETERY OR CREMATORY | 236 LOCATION | | | |
| | hester Cemetery | Chestertown, | Md . | .5 | STATE |
| | | TE REC'D. BY REGISTRAR 256 REGH | | LIRE | |
| | ertown, Md. | 1100 0 1000 1 / 1 | | A | |
| T Wallan W IVI Shest | ertown, Ma. JU | 11 0 3 1301 Equita | Danden. | Candal | L |

J. Willis werrs Chestertown, Md. Willis Wells

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other troumatic event, the



3

hours ofter

With.

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lighted by the ottending physicion

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| (3) | 9 | 18 | 4 | 1 | 6 |
|-----|----------|----|---|----|-----|
| Q | L | 6 | 0 | | - 4 |
| | REG. NO. | | | 19 | |

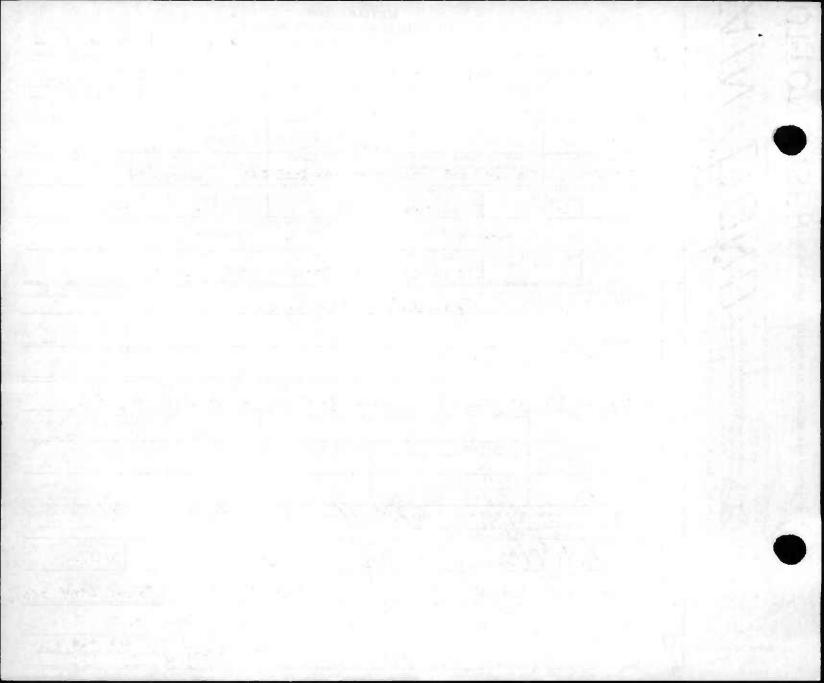
| | REGISTRAR | | | | CEKTIF | ICATE OF DEATH | 0 | REG. NO. | | | | | |
|--------------------|--|--|--|--|---|--|---|---|--|--|---|--|--|
| | OR PRINTS | Perlita | | MIDDLE K | eyser | AST | 20 DATE OF | |), 1987 | YEAR | 26 HOUR | | |
| | | reilita | | iae N | , | | | | | | 8:56p | | |
| 3 SEX | | | 4. RACE | | S. DATE C | DAY YEAR | 6. AGE (IN YE | ARS LAST BIRTHD AY | MONTHS | DAYS | HOURS A | | |
| | Female | | white | | May : | 17, 1899 | 87 | | YRS | | | | |
| | RTHPLACE (STATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | Y? 8. | D NEVER MARRIED | | E CITY OR CO | DUNTY OF DE | ATH | | | |
| | rginia | | 0.8 | OA | WIDOWE | | Kei | nt | | | | | |
| 4 | TY OR TOWN OF | | 11. NAME OF | HOSPITAL, NURS | SING HOME C | OR OTHER INSTITUTION | 12a USUAL O | CCUPATION FOR MOST OF WOR | 12b. | KIND OF USTRY | BUSINESS | | |
| 12 | hesterto | | | | | nnes Hospital | INC | House | | 001111 | | | |
| 15UA 130 S | AL RESIDENCE IF | NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEF | ORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET A | DDRESS / ZIP | CODE | | | | |
| Ma | ryland | Ken | | Chester | town | YESXX NO | High | DDRESS / ZIP St. | 21 | 620 | | | |
| 14. FA | THER'S NAME | | MIDDLE - | LAST | | 15 MOTHER'S MAIDEN NA | | MIDDLE | | LAST | | | |
| V | FIRST F1e | emon | MIDDLE Pucl | cett | | FIRST Ros | a Nes | ter | | (ASI | | | |
| 16a W | VAS DECEASED E | VER IN U.S. AR | MED FORCES? | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | V- CO | ADDRESS | - | | | | |
| (14 | NO OR UNKNOWN | (IF YES, GIV | E WAN ON DATES) | 218 20 | 6512 | The Decease | d whil | e livi | ing | | | | |
| | IS CAUSE OF D | EATH (Enter or | nly one couse pe | line for (a) (b), | ond (c). | | | | T a | APPROXIM | NATE INTERVAL | | |
| | PART I. DEAT | H WAS CAUSE | D BY: | Cina | laton | - College | 2.2 | | | | | | |
| | F1 6 3 | IMMEDIA | | | V 4 V P | 1 | | | | | | | |
| | | | DUE TO, C | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | Conditions it | and the sky | 1 | | | | | | | | | | |
| | Conditions, if | immediate | (b) | | | | | | | | | | |
| | | immediate loting the |) | R AS A CONSEG | | | | | | | | | |
| | gove rise to couse (a), st underlying co | immediate toting the ause lost | DUE TO, C | r as a conseg | DUENCE OF | | | | | 2.00 | | | |
| NO | gove rise to couse (a), st underlying co | immediate lating the ause lost | DUE TO, C | R AS A CONSEG | O DEATH BUT | NOT RELATED TO THE TERM | n (2) " | 7-1 | ON GIVEN IN F | PART Ha | | | |
| ATION | gove rise to couse (o), st underlying co | immediate toting the ause last | DUE TO, CO | R AS A CONSECTION ON TRIBUTING TO | OUENCE OF | ing 3 Copl |) @ Z | maket | as he | Clik | 2- 622 1 | | |
| FICATION | gove rise to couse (a), st underlying co | immediate toting the ause last | DUE TO, CO | R AS A CONSECTION ON TRIBUTING TO | OUENCE OF | . 5 - 0 | 200 AUTOI | Prabet 20b | IF YES, WERE CERTIFYING | Clil | GS USED OF DEATH? | | |
| ERTIFICATION | gove rise to couse (o), si underlying co | immediate lating the ause lost BIGNIFICANT (Lin 1982 ERATION | DUE TO, CO | R AS A CONSEG | OUENCE OF | WAS PERFORMED | 200 AUTOI YES [] | PSY? 20b | IF YES, WERE CERTIFYING C | CLLE FINDIN AUSES | GS USED | | |
| CERTIFICAT | gove rise to couse (o), st underlying co | immediate last the gove last last last last last last last last | DUE TO, CO | R AS A CONSEG | O DEATH BUT | ing 3 Copl | 200 AUTOI YES [] | PSY? 20b | IF YES, WERE CERTIFYING C | CLLE FINDIN AUSES | GS USED OF DEATH? | | |
| AL CERTIFICAT | gove rise to couse (o), si underlying countrying country in the co | immediate ooting the puse lost SIGNIFICANT (LN 1996 ERATION GUNDERLYING CAUSE OF DE. MEDICAL EXAMINE | DUE TO, CO. (c) | R AS A CONSECTION FOR WHICH MAN MONTH | O DEATH BUT | WAS PERFORMED | 200 AUTOI YES [] | PSY? 20b | IF YES, WERE CERTIFYING C | CLLE FINDIN AUSES | GS USED OF DEATH? | | |
| AL CERTIFICAT | gove rise to couse (a), si underlying countrying country in the second s | immediate oling the puse lost SIGNIFICANT (LM /992 ERATION CAUSE OF DE, MEDICAL EXAMINER CURRED | DUE TO, CO. IC) CONDITIONS C. I9b. COND HOUR AATH P 21e PLACE | R AS A CONSECTION FOR WHICH | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 | WAS PERFORMED | 200 AUTOI YES [] | PSY? 20b | IF YES, WERE CERTIFYING O YES TEM 18 PART I OR | CLLE FINDIN AUSES | GS USED OF DEATH? | | |
| CERTIFICAT | gove rise to couse (0), si underlying couse (1), si underlying (1), si underlying couse (1), si | immediate ooting the puse lost SIGNIFICANT (LN 1996 ERATION GUNDERLYING CAUSE OF DE. MEDICAL EXAMINE | DUE TO, CO. IC) CONDITIONS C. I9b. COND HOUR AATH P 21e PLACE | R AS A CONSEGUITION FOR WHICH | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 | 21c. HOW INJURY OCCUR | 200 AUTOI YES [] | PSQY? 20b NO UNE OF INJURY IN I | IF YES, WERE CERTIFYING O YES TEM 18 PART I OR | PART 2) | GS USED OF DEATH? NO | | |
| AL CERTIFICAT | gove rise to couse (0), si underlying couse (1), si underlying country (1), si underlying country (1), si underlying country (1), according to the country (1), si underlying (1), si un | immediate of the puse lost lost lost lost lost lost lost lost | DUE TO, CO. Ic) CONDITIONS C. I9b. COND I9b. COND ATH P 21b. TIME C. HOUR A. R) 21c PLACE (AT HOME, SI | R AS A CONSEGUITION FOR WHICH | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 19 19 | 21c. HOW INJURY OCCUR 211. LOCATION STREET 19 | 200 AUTOL YES | Dale A PSY? 200 IN UNE OF INJURY IN I CITY OR TOWN | LIFYES, WERE CERTIFYING CYES TEM 18 PART FOR | PART 2) | GS USED OF DEATH? NO STATE | | |
| AL CERTIFICAT | GOVE rise to couse (0), si underlying countrying country in the second of the second o | immediate of the property of t | DUE TO, CO. Ic) CONDITIONS C. I9b. COND I9b. COND ATH P 21b. TIME C. HOUR A. R) 21c PLACE (AT HOME, SI | R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFFICE The deceosed from 19 | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 19 19 | 21c. HOW INJURY OCCUR | 200 AUTOL YES | Dale A PSY? 200 IN UNE OF INJURY IN I CITY OR TOWN | LIFYES, WERE CERTIFYING CYES TEM 18 PART FOR | PART 2) | GS USED OF DEATH? NO STATE | | |
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| AL CERTIFICAT | gove rise to couse (0), si underlying couse (1), si underlying country (1) and | immediate of the property of t | DUE TO, CO. IC) CONDITIONS C. 19b. COND. 21b. TIME C. HOUR A. P. 21e PLACE (AT HOME, S1 | R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFFICE The deceosed from 19 | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 10 10 10 10 10 10 10 10 | 21c HOW INJURY OCCUR 21l LOCATION STREET 19 and they in (my) (our) opinion DEGREE | 200 AUTOL YES | Diabet PSY? 200 (IN UNE OF INJURY IN I CITY OR TOWN On the date o | TEM 18 PART I OR | PART 2) | GS USED OF DEATH? NO STATE hot (I) (we) ouses stated | | |
| AL CERTIFICAT | gove rise to couse (0), si underlying couse (1), si underlying country (1) and | immediate oling the days of lost oling. The days of lost oling the days of lost oling. The days of lost oling the days of lost oling. The days of lost oling the days of lost oling. The days of lost oling the days of lost oling. The days oling the | DUE TO, CO. Ic) CONDITIONS C. 19b. COND. 19b. COND. 19b. COND. 21b. TIME C. HOUR A. P. 21e PLACE (AT HOME, S1.) itol) ottended to | R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFFICE The deceosed from 19 | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 10 10 10 10 10 10 10 10 | 211. LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS | 20e AUTOI YES RED (ENTERNATI death occurred DIRECTOR [| Dale A PSY? 200 (IN NO UNE OF INJURY IN I CITY OR TOWN On the dote o STAFF PHYSICIAN | TEM 18 PART I OR | PART 2) | STATI | | |
| AL CERTIFICAT | gove rise to couse (a), si underlying countrying country in the second of the second o | immediate oling the days of lost oling. The days of lost oling the days of lost oling. The days of lost oling the days of lost oling. The days of lost oling the days of lost oling. The days of lost oling the days of lost oling. The days oling the | DUE TO, CO. Ic) CONDITIONS C. 19b. COND. 19b. COND. 19b. COND. 21b. TIME C. HOUR A. P. 21e PLACE (AT HOME, S1.) itol) ottended to | ONTRIBUTING TO CONTRIBUTING TO CONTRIB | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 10 10 10 10 10 10 10 10 | 211. LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS | 20e AUTOI YES RED (ENTERNATI death occurred DIRECTOR [| Dale A PSY? 200 (IN NO UNE OF INJURY IN I CITY OR TOWN On the dote o STAFF PHYSICIAN | TEM 18 PART I OR | PART 2) | STATI | | |
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| MEDICAL CERTIFICAT | gove rise to couse (a), si underlying countrying country in the second of the second o | immediate of the pure of the p | DUE TO, CO. IC) IC) CONDITIONS C. IPS. COND. IPS. | ONTRIBUTING TO CAS A CONSECT ONTRIBUTING TO LESSAGE OF INJURY M. MONTH M. OF INJURY REEL FACTORY, OFFICE The deceosed from Ontributing 19 Office decidents | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.) | 211. LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS | 200 AUTOI YES RED (ENTERNAT death accurred MEDICAL DIRECTOR [| Dale A DSY? 200 IN NO IN UNE OF INJURY IN I CITY OR TOWN A D On the dote o STAFF PHYSICIAN Clust | TEM 18 PART I OR 19 And hour and 10 | PART 2) UNITY Om the contact So / 11 / 10 / 10 / 10 / 10 / 10 / 10 / 1 | STATI | | |

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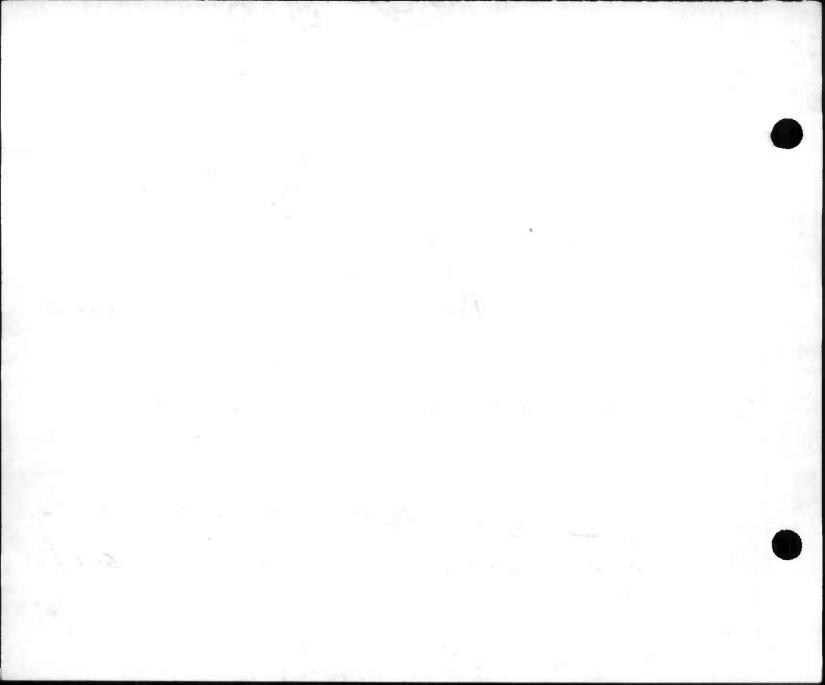
should be detached for use as the burial translengers of the provided Member 1990 and 1990 an TO FUNERAL DIRECTOR, After this certificate for bren. TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital at attending physician

FOR



| FOR STATE REGISTRAR | | | DEPARTN | STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 / REG. NO. |
|---------------------------|------------|-------------------|-------------|--|--|
| CEASED NAME OR PRINT) | EDWIN | I. | LANE | LAST | May 30, 1987 |
| x male | | 4. RACE white | | 5. DATE OF BIRTH April 14, 1913 | 6. AGE (IN YEARS LAST BIRTHDAY) 73 yrs |
| COUNTRY) | OR FOREIGN | 76. CITIZEN OF WH | AT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COL |

| 055667 JUN - | 5 8 | FOR STATE REGISTRAR | | | CERTII | ICATE OF DEATH | REG. NO. | 4513 |
|--|---------------|---|-----------------------|--|-----------------------|--|---|---|
| noy be poge 3 | | CEASED NAME FIRST EDWIN | ı ı. | LANE | | AST | May 30, 1987 | 12:30 PM |
| e 4 may ectar, po | 3. SE | x male | 4. RACE white | | S. DATE (| DF BIRTH 14, DAY 1913 FEAR | 6. AGE (IN YEARS LAST BIRTHDAY) 73 yrs | IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| Pograth. Pograth. 72 hours | | RTHPLACE (STATE OR FOREIGN COUNTRY) ver, Delaware | 76. CITIZEN OF USA | WHAT COUNTRY? | 8 MARRIE WIDOWI | NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY Kent | Y OF DEATH MD. |
| s ofter dec by the fune iled within | | estertown | | HOSPITAL, NURSIN ICH FACILITY, GIVE STREET 1a Hall N | IG HOME | OR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORKENG LEEDER MOST OF WORKENG LEEDER) | 17h KIND OF BUSINESS OR |
| BALTIMORE, MARYLAND 21201 cote be executed within 24 hours off spicion and completely filled in by the opers. Pages 1 med 2 shall be filled wol. It, the medical skomine must be posit | 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT Kent | OTHER INSTITUTION | | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS ZIP CODE Radcliffe Drive | E 21620 |
| e, MARYLA under uted within a completely freed 2 s | 14 F/ | ATHER'S NAME FIRST Edwin I. La | miobite ine | (Sr. | | 15. MOTHER'S MAIDEN NA | | Unknown |
| MORE, I | | VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI S Navy WW | MED FORCES? | 166 SOCIAL SECU 222 09 93 | | Sarah C. Lane | Radcliffe SDrive Chestertown, M | |
| . PRESTON ST., BALT the death certificate the ottending physicio remove corbon popers emotion, or removal. er troumotic event, the | | Conditions, if ony, which gave rise to immediate couse (0), stating the | DUE TO, (b)_ | DR AS A CONSEQUE | ENCE OF | NIA | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEK |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific ottending physicion. for this certificate has been signed by the attending ph of the buriol-transit permit. Then please remove carbon p th and Mental Hygiene prior to buriol, cremotion, or remo orked or them 18 shows any injury, or other traumatic ever | CERTIFICATION | SEVERE | ar Fe | DITION FOR WHICH | he | U as Cula: | YES NOW YES | S, WERE FINDINGS USED FYING CAUSES OF DEATH? |
| DIVISION OF VITAL DING PHYSICIAN: The or ottending physicion of the businessit | MEDICAL CE | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK | R) HOUR A | OF INJURY A.M. MONTH D. P.M. OF INJURY TREET, FACTORY, OFFICE, 1 | 19 | 211 LOCATION STREET | RED (ENTER NATURE OF INJURY IN ITEM TB | COUNTY STATE |
| OR ATTENDI he hospiral or DIRECTOR: Joched for use Dept. of Heal | | 27a. I certify that (I) (this hosp saw the deceased alive or obove, (I) (100 most) (did no 27b. Signature 27d. Physician's Name (1796) | 5-1 | 6 19 | 16- 97.0 | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | death occurred on the date and had | 19 8 7, that (I) (=) lost our and from the couses stated 221. DATE SIGNED 8 7 |
| TO HOSPITAL retained by t TO FUNERAL should be det | 23a. I | Wayne D. Benj BURIAL CREMATION, REMOVAL BURIAL | | M. D. | NAME OF C | Chestertown Cemetery OR CREMATORY Cemetery | , Md. 21620 | Mdigity STATE |
| BP DHMH - 16 50M 4/83 (VRA 15, 4) | | UNERAL DIRECTOR | Well | J. Willis | Well | | TE REC'D. BY REGISTRAR 256 REGIS | |



is after death

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

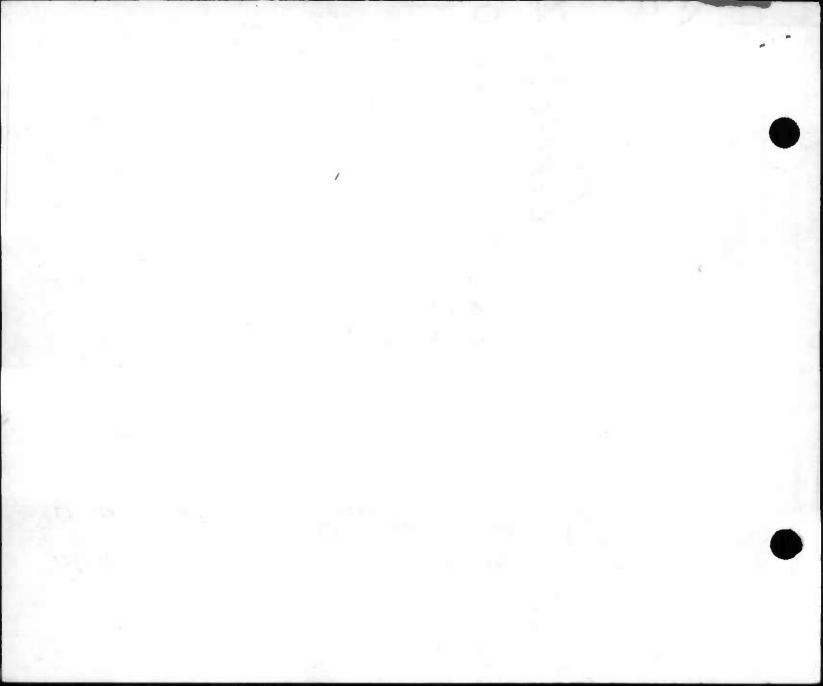
| 8 | 7 | 1 | 4 | 0 | 1 | 4 |
|-------|----------|-------|-----|------|-------|-----|
| | REG. N | 10. | | | | |
| DATEC | OF DEATH | MONTH | DAY | YEAR | 2b. H | OUR |

| 11 | 1. DEC | CEASED NAME FIRST | MIDDLE | AST | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR | | | | | | |
|----|---------------|--|---|-------------------------|---|--|-----------------------|---------------------|----------|----------|--|
| | (TYPE | OR PRINT) WALTER | GORDON LIS' | T, Jr. | | May 11, 1987 | 7 | | 3:10 | P. | |
| | 3. SEX | | 4 RACE | 5. DATE C | | 6. AGE TIN YEARS LAST BIRTHD | | YE AR | IF UNDER | 24 HRS | |
| | 1 | Male | white | Jume | 1 29, ^D 1913 YEAR | 73 | YRS | DATS | HOURS | by line. | |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | NTRY? 8. | DXX NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEA | ТН | | | |
| 7 | | illa. Pa. | USA | WIDOWE | ED DIVORCED | Kent | | | | MD. | |
| 1 | 1 | nestertown | 11. NAME OF HOSPITAL, N LIE NOT IN SUCH FACILITY, GM Kent & Queen | | | Type of work for most of w Ret. Pres. | Welding | ND OF STRY CO | BUSINE | SSOR | |
| 5 | 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT | VIY 13, CITY O | | 13d. INSIDE CITY LIMITS? YES NO XX | 13eSTREET ADDRESS / Z Waterview I | ane RFD | 2 | 1620 |) | |
| 4 | 14-FA | Walter Gore | don List (Sr | AST) | Kathryn T. | Campbell | | tAST | | | |
| , | [7 | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# YES, GP NO | E WAR OR DATES) | 1 2501 | Amanda S. Lis | | Waterview tertown. | | | 620 | |
| /- | CERTIFICATION | 190 DATE OF OPERATION | 4 | INIC COL | PONTIC ANEUR NOT RELATED TO THE TERMI | NAL DISEASE OR CONDIT | Ob. IF YES, WERE F | INDIN | GS USE | H? | |
| , | | 7 19/87 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) | YES NO DED (ENTER NATURE OF INJURY I | YES NITEM TE PART LORPA | Rî 2) | NO [|] | | | | |
| ۱ | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PEACE OF INJURY (AT HOME, STREET, FACTORY, (| OFFICE_FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUN | IA | S | TATE | |
| / | | 22a. I certify that II (this hospital) oftended the deceased from 19 27, the (II) (we) lost sow the deceased filtre on 5 19 27, the (II) (we) lost sow the deceased filtre on 5 19 27, and that in my) (our) opinion death occurred on the date and hour and from the causes stated obove. (II) we) faid (did not) view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 22c. DATE SIGNED 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF Chestertown, Md. 21620 | | | | | | | | | |
| | | BURIAL, CREMATION, REMOVAL ISPECIFY Cremation | ²³ b DATE 5/12/87 | | emetery or crematory rook Crematory | | | | | TATE | |
| | 24 8 | UNERAL DIRECTOR D | 10000000 | Jes Willi | s Wells MAY | 14 1987 TRANS | WREGISTRAR'S SK | - KATT | are. | | |

Chestertown.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remaye carban papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked at Hem 18 shows ony injury, ar other traumatic event, the made



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REG. NO. | ŝ | 4 | 6 | - |
|----------|---|---|---|---|
| | | | | - |

| 05 | 4499 MAY: | 9 | FOR STATE REGISTRAR | DEPAI | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 6 / | 4615 |
|----------------------------|---|---------------|--|--|--|--|---|
| | | I DE | CEASED NAME FIRST | MIDDLE | LAST | REG. NO. | DAY YEAR 7h HOLIR |
| | oge 3 | | OR PRINT) Pearl | | | 05 | 19 87 8:05 p M |
| | od od | 3. SE | (| 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR # UNDER 74 HRS |
| | ge 4 | | Female | Cauc. | 0ct. 21,1921 | 65 YRS | MONTHS DAYS HOURS MIN. |
| | Pod in | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTR | Y? 8 | 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| | deoth. | | lestertown, M | D USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | Kent County | MD. |
| | \$ 2 m | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR | SING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 201 | 10 10 | Ch | estertown | The Kent & Que | en Anne's Hospital, | Inc. Homemaker | Home |
| BALTIMORE, MARYLAND 21201 | 74 hou | 13a. 5 | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY KE | NTY 13c CITY OR TO | OWN 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE Box 3 Worton- | 21678 Porter Grove |
| YLA | 李 拉儿鱼人 | _ | THER'S NAME | | 15. MOTHER'S MAIDEN N | AME | |
| AAR | 1 17 10 | 100 | Lawrence | MIDDLE LAST | kins Minnie | WIDDLE | TATTO CO + |
| Ä, | 3 33 6 | 160 V | VAS DECEASED EVER IN U.S. AR | | | ADDRESS | Wheat |
| IWOR | 11 | r | | F 144 4 D O D D 4 2 5 5 5 1 | 8-5224 Casey Da | arrow son sam | ne |
| SALT | # 05 to # | | 18 CAUSE OF DEATH (Enter on | ly one cause per line for (a), (b), | and (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST., E | 4 4 4 4 | | PART I. DEATH WAS CAUSE | D BY: "E CAUSE (0) CCS D | catern failure | | if the interest in |
| N | day day | | | DUE TO, OR AS A CONSEC | DUENCE OF | | |
| W. PRESTON | Sear Sear | | Conditions, if any, which | , | ymoni e | | |
| OK. | a a second | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEC | | | |
| 3 | by 1 by 1 cre othe | | underlying couse last. | | nic luna diseas | _ | |
| 201 | ned ple urio | | PART 2 OTHER SIGNIFICANT O | | O DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIV | VEN IN PART Tra |
| RDS | n seguin | NO | | | | | |
| DIVISION OF VITAL RECORDS, | hos bee permit. | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) |
| /ITA | N. Th | CERT | 210 ACCIDENT WAS UNDERLYING | | 21¢ HOW INJURY OCCU | IRRED (ENTER NATURE OF INJURY IN ITEM 18 | |
| P. | CIAN: T physici prificate of-transi rtal Hygr | ICAL (| OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | | |
| NO | HYSIK Instruction Mening And Mening | DIC | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | |
| VISIO | ond ond ked | MEDI | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFIC | E, FARM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| ā | O O O O O O O O O O O O O O O O O O O | | | tal) attended the deceased fram | 18 | | 19, that (we) last |
| | TEN or or of He | | saw the deceased alive an | 19 | | n death occurred on the date and hou | |
| | OR AT DIRECTOR DIRECTOR DEPT of them of the | | 22b. SIGNATURE | t) view the body after death. | DEGREE | | 22t. DATE SIGNED |
| | 44 450 5 | | m Bun | 4 | MD ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 5/21/87 |
| | HOSPITAL ned by the FUNERAL old be der to the Store | | 224 PHYSICIAN'S NAME (TYPE C | R PRINT) | 22e. ADDRESS | DIRECTOR THISICIAN | 21620 |
| | TO HOSPITA retoined by TO FUNERA should be de with the Stat IMPORTANT | | MICHAEL | BIENENFELD | MD. Medical (| ffice Bldg Che | stertown MD |
| | O of O of S | 23a F | SURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | | B 002 00 MI, MB |
| | BP | | SPECIFY) | | Chester Cem. | CITY OR TOWN | COUNTY STATE |
| | | 24 FI | Burial UNERAL DIRECTOR | 1)/22/0/ | onester cem. | Chestertown, | TD A D'C CIC NAA TLIDE |
| | DHMH - 16 60M 7/B4 {VRA 15, 4} | | NAME | ADDRES | 10.4.4 | Y 25 1987 Jun De | endern- Readelle |
| | (VKA 13, 4) | FI | ELLOWS F.H. B | ox 270 Milli | ngton, MD 21651 | | |
| | | | | 10 11 22 27 01 22 | , 220)1 | | |

A Print of 1 94

STATE OF MARYLAND FOR - STATE

4. RACE

white

MIDDLE

Frances

Th CITIZEN OF WHAT COUNTRY?

USA

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

June 13, 1910 YEAR

22e ADDRESS

DEGREE

and that immy) (aur) apinion

MARRIED NEVER MARRIED

LAST

Miller

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS)

Kent and Queen Anne's Hospial

Chestertown

LAST

166 SOCIAL SECURITY NO

CAROLOPIUMONAM

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

162 20 0938

DUE TO, OR AS A CONSEQUENCE OF IN METRATATIO

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER

216. TIME OF INJURY

21e. PLACE OF INJURY

Virginia U. Collier

| OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH | 8 / | G. NO. | 4 | 6 | 1 | 6 |
|--|--|--------------------|----------------------|---------------------|------------|----------|
| .st | 20. DATE OF DEAT | | DAY | YEAR | 2b HOU | |
| ler | May | 20,1 | 987 | | 10: | 32 A |
| F BIRTH | 6. AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDER | | IF UNDER | 24 HRS |
| 13, 1910 YEAR | 76 | YRS | MONTHS | DAYS | HOURS | MIN. |
| NEVER MARRIED DIVORCED | 9 BALTIMORE CIT | | Y OF DE | ATH | 1 | MD. |
| e's Hospial | 12ª USUAL OCCU (TYPE OF WORK FOR M Laborer | OST OF WORKING | LIFE) INDI | KIND OUSTRY Plan | F BUSINI | |
| 13d. INSIDE CITY LIMITS? | Rte # 2 | | | 2162 | | |
| 15. MOTHER'S MAIDEN NAM | ora Abel | | | LAST | | |
| 17. INFORMANT | RTe # 2 AI | DDRESS BO | x 41 | /1 | | |
| Jacob Miller | Chester | | Md. | _ | 1620 |) |
| eny parie | BF IANUES | 2 | 86 | TWEEN | MATE INTER | DEATH |
| NOT RELATED TO THE TERM | INAL DISEASE OR (| CONDITION G | IVEN IN P | ART 1:0 | | |
| N WAS PERFORMED | YES NO | IN CERT | ES, WERE IFYING C | FINDIN | OF DEAT | IH? |
| 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF | FINJURY IN ITEM 18 | PART LORP | PART 2) | | |
| 211. LOCATION STREET | CITY | ORTOWN | cou | YIM | 4 | STATE |
| , 19_87 | | 120 | 195 | 2 | Her (IP) | we) last |
| d that imm) (aur) apinion o | leath occurred on t | he date and he | our and In | om the | causes st | ated |
| DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR PH | STAFF | 5 | DATE | SIGNED 18 | > |

DECEASED NAME LIYPE OR PRINTS 3. SEX O. BIRTHPLACE (STATE OR FOREIGN Penna. IB. CITY OR TOWN OF DEATH Maryland 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? CERTIFICATION 00 MEDICAL MPORTANT

nd Mental Hygiene prior

REGISTRAR

Female

(YES, NO OR UNKNOWN)

No

Chestertown

Canditions, if ony, which gave rise to immediate couse (a), stating the

underlying cause last.

190 DATE OF OPERATION

21d. INJURY OCCURRED

AT WORK

22h SIGNATURE

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

FIRST

136 COUNTY Kent

"Chester L. Witcapher

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

22a.1 certify that (1) this hospital) attended the deceased fram saw the deceased alive on abave (1) (we) (or did not) view the bady after death

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:

Mary

uth the State De O FUNERAL 230 BURIAL, CREMATION, REMOVAL Burial DHMH - 16 60M 7/B4 (VRA 15, 4)

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY May 22 1987 Saint Paul's Cemetery

23d LOCATION Chestertown,

Md.

J. Willis Wells ADDR Chestertown, Md.

ALLED THE TOTAL PROPERTY.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at 18 IMPORTANT: If them 21 is marked at Item 18 shows any injury, at ather troumatic TO HOSPITAL OR ATTENDING PHYSICIAN: The

0554

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Q | 7 |
|---|-----------|
| U | REG. NO. |
| | KCO. IVO. |

| - STATE | | CERTIF | ICATE OF DEATH | 8 REG. N | o. — | 0 | |
|---|--|------------------|----------------------------------|----------------------------|----------------------|-------------------------|------------------|
| 1 DECEASED NAME FIRST | MIDGLE | ı | AST | 26. DATE OF DEATH | MONTH DAY | YEAR 2 | b. HOUR |
| Dixon S | Sr., George N | oble | | | 5-23-87 | 7 | 5:27AM |
| 3 SEX 4. | RACE | 5. DATE C | | 6. AGE IN YEARS LAST BIR | | | IF UNDER 24 HRS |
| Male | White | MONTH 1 | 1 - 17 - 15 | 71 | YRS | THS DAYS | HOURS MIN. |
| | . CITIZEN OF WHAT COUN | TRY? 8 | XX | BALTIMORE CITY O | | DEATH | |
| COUNTRY) | USA | WIDOWE | DEP NEVER MARRIED | Kent | | | MD. |
| | 1. NAME OF HOSPITAL, NU | IRSING HOME C | | 120 USUAL OCCUPATE | | | BUSINESSOR |
| | | Annes (| County Hospito | 1 Forema | | Saili | ng As |
| USUAL RESIDENCE (IF NURSING HOME OR O' 13a STATE MD Ken | Y 13c CITY OR | | YES X NO | Box 41 Ge | zip cobe orgeto | wn, W | 1830 |
| William T. | Dixon | | 15. MOTHER'S MAIDEN NAM | AE MIDDLE | | amp | |
| 160 WAS DECEASED EVER IN U.S. ARM | | SECURITY NO. | 17 INFORMANT | ADDRE | | CIIIP | |
| Yes no or unknown) 1 # Yes, give t | WAR OR DATES) | 18-607 | 8 Ruth Dix | on (sam | (9) | | |
| 18 CAUSE OF DEATH (Enter only | | | D HAUH DIA | OII LEIN | 1 | APPROXIMA BETWEEN ON | ATE INTERVAL |
| PART I. DEATH WAS CAUSED | BY: | 1 1/1 | rrest | | | 10 h | |
| IMMEDIATE | CHOSE 107 | | . , | | | | , |
| Canditians, if any, which | DUE TO, OR AS A CONS | veril 1 | Penticular Jac | & cordia | | 247 | cours |
| gove rise to immediate couse (a), stating the underlying cause last | DUE TO OR AS A GONS | FOLIENCE OF | · Cordiovacus | In Disease | | 103 | lus |
| PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN | IN PART 10 | |
| Q Const of Operation) | 196. CONDITION FOR WI | | NI WAS DEDECORNED | 200 AUTOPSY? | 206 IF YES, W | EDE EINIDING | C LICED |
| 190 DATE OF OPERATION O | 196. CONDITION FOR WI | HICH OPERATIO | N WAS PERFORMED | YES NO | IN CERTIFYIN | G CAUSES O | F DEATH? |
| OR CONTRIBUTION CALLS OF DEATH | 216, TIME OF INJURY HOUR A.M. MONTH | | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM IS PART I | OR PART 2) | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. | 19 | 211 LOCATION | | | | |
| WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FICE, FARM ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| 22a.1 certify that (1) this haspita | I) attended the deceased fr | om | 1987 | - 10 May | 23 19 | 871h | of (II) we) lost |
| sow the deceased alive on_ abave, (1) (we) (did), (did not) | view the body ofter death. | 19.87. or | nd that in (my)(our) opinion of | leath accurred on the de | ate and have an | d from the ca | uses stated |
| 226. SIGNATURE | los mp | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | F IAN [] | 5/26 | GNED (8) |
| 224. PHYSICIAN'S NAME (TYPE OR F | PRINT) | - | 22e ADDRESS | | | | |
| SUSANK. & | 2055, m.D | HERM | Ches to torr | Md. | | | |
| (SPECIEV) | 23b. DATE | | EMETERY OR CREMATORY | 23d LOCATION | re | DUNIY | STATE |
| Burial | 5/25/87 | Westmi | nster Cem | George | town | Kent | MD |

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Gary B. Fellows Box 270 Millington, MD

JUN 3 1987 Julia Decider Repairs

the said of the manager of the said and the said of th

STATE OF MARYLAND

| STATE OF MARILAND | |
|---|-----|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 130 |
| CERTIFICATE OF DEATH | 8 |

| 1 | 4 | 0 | 1 | C |
|---|---|----|-----|------|
| | | | | |
| | - | 14 | 140 | 1401 |

| 0.5 | 4382 111 | 13. | STATE REGISTRAR | | | DEP | | IFICATE OF DEA | ATH | 8 REG. | NO | 4 | 5 3 |
|-------|--|----------|--------------------------|---------------|-------------------------|---|-------------------|----------------------|----------------|---|-----------------|------------------|--------------------------------------|
| 10 | | | CEASED NAME | FIRST | | MIDDLE | | LAST | 1 | 20 DATE OF DEATH | | DAY YEAR | 26 HOUR |
| | 3 15 | (TYF | Webste | ידי | Dani | 6] | Towson | 1 | MS _ T | 1/4 | 0.77 | 10 100 | |
| | do do | 1 58 | | | 4 RACE | <u> </u> | | OF BIRTH | | 6 AGE (IN YEARS LAST I | ay BIRTHDAY) | 19, 198 | |
| - | 4 25 | B | lale | 0.00 | Black | | MOI BE | | YEAR | 77.4 | | MONTHS DATS | HOURS MIN. |
| | 2 11 | The same | IRTHPLACE (STATE OR FO | NE-CN . | DLACK | | Ma | 2,191 | 16 | 9 BALTIMORE CITY | YRS | V OF DEATH | |
| A. | # 16 45 | 10 | COUNTRY | REIGN | | WHAT COUN | MARE | IED NEVER MA | RRIED - | 9 BALLIMORE CITT | OK COOM | TOPDEATH | |
| | 4 3 6 | | aryland | | USA | 140000000000000000000000000000000000000 | WIDO | | RCED | Kent | | | MD |
| | 1 11 /7 | la. | | | | H FACILITY, GIVE | STREET ADDRESS) | OR OTHER INSTITU | | 12a. USUAL OCCUPA (TYPE OF WORK FOR MOS! | | | OF BUSINESS OR |
| 201 | 1001 | | estertown | | Kent | and Q | ueen . | Anne's H | losp. | Labor | | Vari | ous |
| 77 | 2 200 | lda. | | 13b COUN | OTHER INSTITUTION TY | 13c CITY OR | TOWN | 1 13d. INSIDE CITY | LIMITS? | 13e STREET ADDRESS | ZIP COL | DE | |
| AN | 2 27 20 | - | aryland | Ker | ıt | Ches | terto | | 10 🗆 | 624 High | | | |
| RYL | 1 10/11 | 14 F | ATHER'S NAME | | AIDDLE . | LAS | 1 | 15 MOTHER'S M | AAIDEN NAM | MIDDLE | PENT H | 12 | AST |
| MA | 1 11710 | 1 | William | | | Towso | n | Eli | zabe | | | UNK | |
| # | 9 7 1 1 | | WAS DECEASED EVER IN | | MED FORCES? | | SECURITY NO | 17 INFORMANT | | ADD | RESS 62 | 4 High | st. |
| IMC | 1 00 1 | | To | (11 153 0145 | WAR OR DATES | 218-1 | 16-620 | 2 Mrs. Mi | lldred | d Towson | Ches | sterto | wn. Mid |
| AL | 2 3 4 | | 8 CAUSE OF DEATH | Enter onl | y ane cause per | | | | - | | | | XIMATE INTERVAL N ONSET AND DEATH |
| 2 | App of the | | PART I DEATH WA | SCAUSED | S BY E CAUSE (a) | Ca | rdigo | 2111 | Sha | ck | | | |
| Z | on find | | | MMEDIAII | | | 0 | | | | 1 0 | | |
| STO | to the company of the control of the | | Conditions, if ony, | subich. | DUE TO, O | RASACONS | SEQUENCE OF | - | - 10 | Znyckard | oil & | Aust | (|
| 8 | o sold of | | gove rise to imme | ediote | (6) | over | | | | 1 | (0) | / | |
| 3 | 4 4 4 4 | | underlying couse | | DUE TO, O | R AS A CONS | SEQUENCE OF | | | | | | |
| 201 | the party of | | PART 2 OTHER SIGNI | EICANIT C | ONDITIONS CO | ONITRIBUTING | TO DEATH 9 | IT NICT BELATED TO | THE TERM | NAI DISEASE OR CO | NDITIONIC | IVENI INI DADT 1 | |
| DS. | dury dury | Z | NA C | 1/A | 23 | 0 0 | shel | OF- | J INE IERMI | VAL DISEASE OR CO | NUTTON G | IVEN IN PART I | 10 |
| 00 | 11117 | F F | 19g DATE OF OPERATION | ON | 196 COND | | | ON WAS PERFORM | AED | 20g AUTOPSY? | 20b IF Y | ES, WERE FIND | INGS USED |
| 2 | 9 7 7 7 | 꾶 | C. P. C. | | 100 | | | | | YES TO NOT | | IFYING CAUSE | S OF DEATH? |
| TA | E 1163× | E E | 210 ACCIDENT WAS UNDE | RLYING | 21b. TIME O | F INJURY | | 121c HOW INJU | IRY OCCURRE | D (ENTER NATURE OF IN | | | 140 |
| 7 4 | 34 354 40 | 1 = | OR CONTRIBUTING CA | AUSE OF DE AT | HOUR A. | M. MONTH | DAY YEA | R | | (2.11) | | | |
| Z. | X 0 0 1 4 / | WEDIC/ | TIFEITHER NOTIFY MEDICA | | P. 21e PLACE | | 19 | 211 LOCATION | | | | | |
| NE NE | A Harry Bar | 뿧 | WHILE ON NOT WHILE | | (AT HOME ST | REET, FACTORY O | FFICE, FARM ETC) | STREET | | CITY OR | NWOI | COUNTY | STATE |
| ă | A STATE OF THE STA | | - | | 15 - 14 | 1 11 | | 1,0 | | 2 611 | C | F7 | |
| - | NT NS# | | 22a I certify that (I) (| d alive an. | 5-/ | 19 | | and that in (my) (ai | ur) opinion de | eoth accurred on the | date and he | us and from the | that (I) (we) last |
| | TA CO STATE | | above, (I) (we) (die | d) (did not | view the body | after death. | 1 | DEGREE | от, оринон а | com accorred on me | date and ne | | E SIGNED |
| v | 9 252 | 19. | THE SIGNATURE | 11 | 1,1. | | | .4 | ENDING | MEDICAL ST | AFF | THE DATE | 3.3/.07 |
| 100 | A 4 4 4 4 | 4 | / (| - 6 / 1 | un | n | | | YSICIAN D | DIRECTOR PHYS | ICIAN | 0/ | 0/0/ |
| | PACE ATA | | 22d PHYSICIAN'S NA | WE (TYPE OR | PRINT} | | | 22e ADDRESS | | | | | |
| | 1 0 0 1 | | Kin Ku | e Wu | n M.D. | | | Chest | ertow | n. Maryl | and | 21620 | |
| | HS | 230 | BURIAL, CREMATION, R | EMOVAL | 236 DATE | | 23¢ NAME OF | CEMETERY OR CRE | | 23d LOCATION | | COUNTY | STATE |
| | BP | | Burial | | 5-23- | -1987 | Mt. Pi | sgah Cer | m. | | hest | ertown | |
| | DHMH - 16 60M 7/84 | 14.5 | UNERAL DIRECTOR | 1.0 | 1 | ADD | | | | REC'D. BY REGISTRA | | STRAR'S SIGNA | |
| | (VRA 15, 4) | 1 | Somes | 25/17 | 200 | | ertow | n.Md. | MAY | 2.1.1987 | Julia . | Dividion ! | Pandall |
| | | - | | | | | | | | | () | | |

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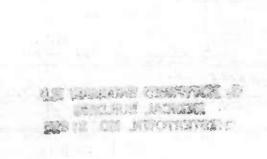
appind _ 15-23-1937 at. ieres wer. . . . hentertown, iMd.

.b_ errotrettes

(1" 20 luka)

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|-------------------|---|---|
| MARYLAND 21201 | | - |
| ST. BALTIMORE | | |
| W. PRESTON | | |
| RECORDS, 201 | | |
| DIVISION OF VITAL | | |
| | | |

| 5.2 7 | 2 11 | 7 | FOR 13e Branch 13e Bra | DEPARTN | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE 8 7 | 4620 | |
|--|----------------------------|---------------|--|--|--|---|--|--|
| 2 E # 1 | <u> </u> | I. DEC | CEASED NAME FIRST CORPRINT) E11a | Viola | Ward | 20. DATE OF DEATH MONTH DE | 0- 87 26 HOUR A | |
| may filtr d | 360 | 3. SEX | | RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER LYEAR IF UNDER 24 HRS | |
| age of | - | 1 | emale | White | 2 15 20 | 67 YRS | | |
| 4 100 | 35 | | COUNTRY] MO. | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COUNTY O Kent | MD. | |
| by the fall | 87 | Ch | estertown | (IF NOT IN SUCH FACILITY, GIVE STREET A The Kent & Queer | Anne's Hospital I | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) nc. Homemaker | 12b. KIND OF BUSINESS OR INDUSTRY | |
| 74 hour | 36 | Tile. S | AL RESIDENCE (IF NURSING HOME OR OF THE TOTAL AND THE TOTA | THER INSTITUTION GIVE RESIDENCE BEFORE 13. CITY OR TOWN CHESTERS | 1 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP CODE | 21628 | |
| 2 4 2 | 170 | FA | Charles Her | CRUMPTON Coney | 15. MOTHER'S MAIDEN NAM | | LAND LAST | |
| | 12 | | VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (16 YES, GIVE | WAR OR DATES) 218-10-0 | | P.O. Box # Hunter Crumpton, | 202 Md. | |
| physics physics pages | maväl. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | one couse per line far (a), (b), and BY: | | lapse | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALCOLITYS | |
| quires that the death cer signed by the attending their please remove cotton | jury, or ather traumatic e | NC | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE | NCE OF NCE OF NEATH BUT NOT RELATED TO THE TERM | | 4days | |
| on. hos been permit. T | sony in | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED WITCHTIFYING CAUSES OF DEATH? YES NO YES NO NO | | |
| Clan, Ti g physics entitions | 9 | - | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 216. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAI | RT OR PART 2} | |
| offending the thing | redo | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE | |
| TIENDIA phal or TOR: All for use o | 21 it mo | | 22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not) | 5 20 19 | 3 2 6 19 75 51 ond that in (my) (our) opinion (| to 3/20 , 1 death occurred on the date and hour | ond from the couses stated | |
| TALOE A by the host PAL DISEC detoched | NT # Year | | De Bain | DYTPENED HAUMA | | MEDICAL STAFF DIRECTOR PHYSICIAN | 57 20 PF7 | |
| TO FUNE Model by | IMPORTA | | 220 PHYSICIAN'S NAME (TIPE OR | MEDICAL BUILDI | 2167 | | | |
| BP | | - 1 | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | | rumpton Cemetery | 23d tocation Crumpton, Mary | 10phiyd state | |
| DHMH - 16 60 (VRA 15, | | 1 | Willis! | ADDRESS | llis Wells tertown, Md. JU | O 1 1987 Julia 5 | AR SIGNAL IRE | |



STATE OF MARYLAND

| 8 | REG. NO. | 1 | 4 | 0 | 2 |
|---|----------|---|---|---|---|
| | | | | | 1 |

| 1 - STATE REGISTRAR | DE | CERTIF | FICATE OF DEATH | REG. NO. | 4021 |
|---|--|------------------------|---------------------------------|---|---|
| 1. DECEASED NAME FIRST | WIDDLE | | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 25 HOUR |
| Mary | Marie | WAr | ner | May 30, 1987 | 7:55A M |
| 3. SEX | 4 RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 HRS |
| Female | White | Nov | . 22, 1910 | 76 YRS | MONTHS DAYS HOURS MIN. |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | U.S.A. | | DENEVER MARRIED | 9 BALTIMORE CITY OR COUNTY Kent County | Y OF DEATH |
| Chestertown | NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVI Kent And Qu | NURSING HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Factory Worke | 126. KIND OF BUSINESS OR |
| Maryland Residence (IF NURS NG HOMFOR 36 STATE | ITY 13c. CITY O | | 13d INSIDE CITY LIMITS? YES NO | 136.STREET ADDRESS / ZIP COD BOX 193 | 21628 |
| FATHER'S NAME FIRST Meeks Usilton | MIDDLE | 157 | 15. MOTHER'S MAIDEN NA. Mamie D | MIDDLE | LAST |
| 160 WAS DECEASED EVER IN U.S. AR | | L SECURITY NO. | 17 INFORMANT | ADDRESS | 21607 |
| NO (IF YES, GIVE | 222-1 | 4-9893 | Ronald Russur | m, P. O. Box 86, | Barclay, MD |
| | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION | Diabet ISEQUENCE OF | | NINAL DISEASE OR CONDITION GI | VEN IN PART 110 |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR V | WHICH OPERATIO | ON WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) |
| 000000000000000000000000000000000000000 | TH HOUR A.M. MONT | H DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 21 |
| OR CONTINUOUS CAUSE OF DEA | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 220 I certify that (I) (this haspit sow the deceased alive an, above, (I) (we) (did) (did nat | tal) attended the deceased | 19 27 , a | | death occurred an the date and har | |
| 226. SIGNATURE | lacce | _ 4 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | & C. (4) |
| 22d. PHYSICIAN'S NAME (TYPE O | 5A UMA | NN | 22e ADDRESS | TELTOWN, | md 2620 |
| 230 BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY |
| Burial | 06-02-87 | Church | Hill Cemetery | Church Hill. | Q.A. MD |
| 24 FUNERAL DIRECTOR | | | 25g. DAT | E.REC'D. BY REGISTRAR 25h REGIS | TRAR'S SIGNATURE |

DHMH - 16 60M 7/84 (VRA 15, 4)

JUN9

Tom Helfenbein Funeral Home, Church Hill, MD 21623

Julia Sind P les

TOTAL STATE OF STATE more control . . . how Trans. I S. Parin Aug Cherner I led Fere gard in the course of the former property of the course of

ry, ar ather traumatic e

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burnal-transit permit. Then please remove content be State Dept of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traum.

05330

rector, page 3

STATE OF MARYLAND

| 1 | FOR STATE REGISTRAR | | | DEPARTA | | HEALTH AND | MENTAL HYG DEATH | BIENE | 7 REC | G. NO. | 4 | 6 | 2 | 2 |
|---------------|--|---------------------------|---|---|--------------|--------------|--------------------------------------|----------|--------------------|---------------------|-------------|---------------------|-------------------------|----------|
| | CEASED NAME | FIRST | - | MIDDLE | | LAST | | 20 DATI | OF DEAT | | DAY | YEAR | 2b. HO | UR |
| CITY | | ssac | Newt | ton | You | nger | | | | 05 | 02 | 87 | | A |
| 3. SE | X | 11 11 | RACE | | 5. DATE | | | 6. AGE | IN YEARS LAS | ST BIRTHDAY) | | DER I YEAR | | R 24 HRS |
| | Male | | Whit | te | 05 | 21 | 03° | 732 | 8 | 3 YR | MONTH | DAYS | HOURS | MIN. |
| | IRTHPLACE (STATE OR F | OREIGN 7 | | WHAT COUNTRY? | 8. MARRIE | DE NEVER | MARRIED - | | | Y OR COU | | EATH | | |
| | ithville | | USA | | WIDOW | ED [| NORCED [| Ke | ent | Count | У | | | WE |
| | ennedyvi. | | 1. NAME OF I | HOSPITAL, NURSING HEACIEITY, GIVE STREET A HOME | G HOME (| OR OTHER IN: | NOITUTITE | (TYPE OF | AL OCCUI | OST OF WORKIN | G LIFET IN | E KIND O IDUSTRY | | |
| 13a. 3 | AL RESIDENCE (IF NURSI STATE ryland | ISE COUNT Kent | THER INSTITUTION Y | ISC CITY OR TOWN Kennedy | vil] | 13d INSIDE | CITY LIMITS? | 13e STRE | ET ADDRE | SS / ZIP CO | ODE_ | own t | 40 | 5 |
| - | ATHER'S NAME | M | DDLE | LACY | | | S MAIDEN NAM | ME | WIDD | | | | | |
| N | ledford | | | Younger | | - | Sudne | Lu | MIDD | · U. | | LAS | | Ree |
| 160 N | WAS DECEASED EVER I YES, NO OR UNKNOWN! | | ED FORCES? WAR OR DATES) | 216-12- | | 17 INFORM | | rer | | (same |) | | | |
| No | Conditions, if ony, gove rise to imm couse (o), stoting underlying couse | which pediote g the last. | CAUSE (b) DUE TO, OR (b) DUE TO, OR (c) | AS A CONSEQUE | NCE OF | | Cerebo | | | | | PARI IIc | | |
| CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH (| OPERATIO | N WAS PERF | QRMED / | 20a A | UTOPSY? | | YES, WER | | | |
| TIFIC | NOVY | 986 | 66 | onea for | 2 mes | ana (| Herrip wie | YEST |] NOF | _ | YES | CAUSES | OF DEA | |
| | 210. ACCIDENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION OF CONTRIBUTI | AUSE OF DEATH | 216. TIME OF | M. MONTH DA | Y YEAR | 21¢. HOW II | NJURY OCCURR | ED (ENTE | R NATURE OF | INJURY IN ITEM | IS PART I O | RPARI 2) | | |
| MEDICAL | 214 INJURY OCCURR WHILE NOT WHI AT WORK AT WOR | LE [| 21e. PLACE C | DF INJURY EET, FACTORY, OFFICE FA | _ | 211 LOCAT | | | CITY C | OR TOWN | cc | OUNTY | | STATE |
| | sow the decease above, (I) (we) (d | d olive on | April | deceased from | 87,01 | | . 19 <u>8-7</u>) (our) opinion d | , to | Her urred on th | 1 | hour and | | that (I) (causes st | |
| | 22b. SIGNATURE |) well | ك | | | WID | ATTENDING PHYSICIAN | | OR 🗌 PH | STAFF YSICIAN [] | 2 | 2c. DATE | SIGNED | |
| | VUM C. | | | m. my | | 22e ADDRE | En town | n Zu | ed. | 2/6 | 20 | | | |
| 23a. E | BURIAL, CREMATION, F | REMOVAL | 23b. DATE | 23c. N | AME OF C | EMETERY OR | CREMATORY | 23d LC | CATION | | | | | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

Burial
24 FUNERAL DIRECTOR Fellows Funeral Home Bx 370 Millington

05-06-87 Crumpton Cemetery Crumpton Q.a. SEGISTRAR'S SIGNATURE

Md.

md. 21651

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